



**Medgrupe Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soria Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primecarealpha.ph

**SERVICE ORDER**



Priority No.	0029
SO No.	499198
S.O Date	05/19/2025
Terms	30 Days
Amount Due	P800.00

**TO :**

**0160] IPLOY STAFFING SOLUTIONS**  
 1st floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City  
 (Hospital), Cebu  
 077097074 / 09171575430

**PATIENT INFORMATION**

<b>PATIENT ID</b> : 125015	<b>GENDER</b> : Female
<b>PATIENT NAME</b> : MAR, RAMITCHELLE, DUCANTE	<b>BIRTHDATE</b> : 06/11/1988
<b>PATIENT ADDRESS</b> : Nangka, Consolacion, Cebu	<b>AGE</b> : 36
<b>MOBILE NO.</b> : 0992 407 6890	<b>CIVIL STATUS</b> : Single
<b>EMAIL ADDRESS</b> :	<b>SC/PWD ID</b> :
<b>REQUESTING PHYSICIAN</b> :	<b>HMO CARD NO.</b> :
<b>COMPANY/REFERRED BY</b> : IPLOY STAFFING SOLUTIONS	<b>PATIENT STATUS</b> : FOR EMPLOYMENT
<b>RESULT DELIVERY</b> : DELIVERY	

QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES	
1.00	800.00	800.00	<b>TOTAL SALES</b>	: 800.00
			<b>VARIABLE SALES</b>	: 0.00
			<b>V-A-T</b>	: 0.00
			<b>SC/PWD DISCOUNT</b>	: 0.00
			<b>AMOUNT DUE</b>	: 800.00

**IPLOY PEME**  
 »PE, CHEST PA, CBC, UA, P, SE *valido*  
 DRUG TEST (NOTE: PLEASE COMPLY ALL  
 THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU  
 WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT  
 AVAILMENT.)

**BIOMETRICS DONE**  
**DATE: MAY 19 2025**

**PREPARED BY:**  
 Floren A. Manigos

**ACKNOWLEDGED BY:**  
 Signature Over Printed Name

**VALIDATED**  
 BY: Signature Over Printed Name

1 of 1 I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services. Date Created: 05/19/2025 09:53 AM  
**\*\*\* THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM \*\*\***